

# EXHIBIT C

**PROOF OF CLAIM**

Name of Debtor

USACAPITAL FIRST TRUST DEED FUND  
LLC

Case Number

06-10728 (LBR)

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

## Name of Creditor and Address

11321241001850  
LAWRENCE J ARONSON & HENRIETTA ARONSON  
21150 POINT PL APT 606  
AVENTURA FL 33180-4034

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.
**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS**

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**THIS SPACE IS FOR COURT USE ONLY**

Creditor Telephone Number ( ) 305-918-0069

Last four digits of account or other number by which creditor identifies debtor

1850

☐ Check here if this claim replaces a previously filed claim dated \_\_\_\_\_  
☐ or amends
**1 BASIS FOR CLAIM**

- ☐ Goods sold      ☐ Personal injury/wrongful death      ☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)      ☐ Unremitted principal  
☐ Services performed      ☐ Taxes      ☐ Wages, salaries and compensation (fill out below)      ☐ Other claims against servicer (not for loan balances)  
☒ Money loaned      ☐ Other (describe briefly)      Last four digits of your SS # \_\_\_\_\_  
 Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2 DATE DEBT WAS INCURRED** 3-6-2006**3 IF COURT JUDGMENT, DATE OBTAINED****4 CLASSIFICATION OF CLAIM** Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.**UNSECURED NONPRIORITY CLAIM \$**
☐ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.
**UNSECURED PRIORITY CLAIM**
☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

- ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  
☐ Wages, salaries or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)  
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)

**SECURED CLAIM**
☒ Check this box if your claim is secured by collateral (including a right of setoff).
Brief description of collateral HFA CLEAR LAKE
☒ Real Estate      ☐ Motor Vehicle      ☐ Other \_\_\_\_\_
Value of Collateral \$ 100,000.00Amount of arrearage and other charges at time case filed included in secured claim, if any \$ \*INTEREST FROM 3-2-06

- ☐ Up to \$2,225\* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11 U.S.C. § 507(a)(7)  
☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)  
☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED** \$ \_\_\_\_\_ \$ 100,000.00 \$ \_\_\_\_\_ \$ 100,000.00  
 (unsecured) (secured) (priority) (Total)
 
☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.
**6 CREDITS** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.**7 SUPPORTING DOCUMENTS** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.**8 DATE-STAMPED COPY** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO  
BMC Group  
Attn: USACM Claims Docketing Center  
P.O. Box 911  
El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

**THIS SPACE FOR COURT USE ONLY**

Filed Date  
9/27/2006

DATE

9-25-06

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

LAWRENCE J. ARONSON &amp; HENRIETTA ARONSON


USA FIRST TRUST



1072800050

E-Filed On 12/8/06


FORM 113 (OFFICIAL FORM 113)

|   |  |  |
|---|--|--|
| <b>UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA</b>  |  | <b>PROOF OF CLAIM CHAPTER</b><br>117 <input checked="" type="checkbox"/> 11 1112 1113                          |
| Debtor<br><b>USA Commercial Mortgage Company</b>  |  | Case Number <b>Direct Lender</b><br><b>06-10725 LBR</b>  |
| NOTE: This form should NOT be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C.  |  |  |
| 1. Check box if the person or other entity to whom the debtor owes money or property:<br><input checked="" type="checkbox"/> <b>JACK J. BEAULIEU REVOCABLE LIVING TRUST DATED (9/1/94)</b><br><input type="checkbox"/> <b>Jack J. Beaulieu, Trustee</b><br><b>2502 Palma Vista Avenue</b><br><b>Las Vegas, NV 89121</b>   | 1) Check box if you are aware that another creditor has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.   |  |
| 2. Claim or other number by which creditor identifies debtor: <b>HFAH Clear Lake, LLC, A Florida Limited Liability Company</b>  | Check here if also claim:<br><input type="checkbox"/> replaces <input type="checkbox"/> amends a previously filed claim, dated _____   |  |
| 3. BASIS FOR CLAIM<br><input type="checkbox"/> Trade debt<br><input type="checkbox"/> Services performed<br><input type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury or wrongful death<br><input checked="" type="checkbox"/> <b>Negligence, Misrepresentation</b>   |  |  |
| 4. Date debt was incurred: <b>January 6, 2005</b> 5. If court judgment, date obtained: _____  |  |  |
| 6. Total claim at time case filed: <b>\$37,500.00</b> (if secured) \$ <b>Unknown</b> (if Priority)<br>If all or part of your claim is secured or entitled to priority, also complete item 5 on 7 below.<br>Check this box if claim includes interest, or other charges in addition to the principal amount of the claim. Attach an itemized statement of all interest or additional charges.  |  |  |
| 7. Secured Claim.<br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle<br><input type="checkbox"/> Other _____<br>Amount of principal and other charges at time case filed included in secured claim, if any:<br>\$ _____  | 7. Unsecured Priority Claim.<br><input type="checkbox"/> Check this box if you have an unsecured priority claim.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Wages, salaries, or commissions up to \$4,325* earned within 90 days before filing of the bankruptcy petition, or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(3)<br><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or minimum for personal, family or household use. 11 U.S.C. § 507(a)(5)<br><input type="checkbox"/> Alimony, maintenance or support owed to a spouse, former spouse or child. 11 U.S.C. § 507(a)(6)<br><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> OTHER specify applicable paragraph of 11 U.S.C. § 507(a)(_____) |  |
| 8. Unsecured Non Priority Claim<br><b>\$37,500.00</b>   |  |  |
| 9. I certify: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.<br>10. Supporting documents: Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, or other court judgments, mortgages, security agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.<br>11. Date-Stamped copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, addressed envelope and a copy of this proof of claim. |  | (This space for court use)   |
| Date: <b>11/9/06</b><br>Sign and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney if any):<br><b>SUSAN WILLIAMS SCANN ESQ</b>  |  | USA CMC<br><br>1072501588 |

FORM B10 (Official Form 10) (10/05)

|   |  |   |  |
|---|--|---|--|
| UNITED STATES BANKRUPTCY COURT  |  | DISTRICT OF <u>NEVADA</u>   | <b>PROOF OF CLAIM</b><br><div style="font-size: 2em; font-weight: bold; margin: 10px 0;">RECEIVED<br/>AND FILED</div> <div style="font-size: 1.2em; margin: 10px 0;">NOV 9 11 40 AM '06</div> <div style="font-size: 0.8em; margin: 10px 0;">UNITED STATES<br/>BANKRUPTCY COURT<br/>PATRICIA BRADY<br/>CLERK</div> <div style="font-size: 0.7em; margin: 10px 0;">THIS SPACE IS FOR COURT USE ONLY</div> |
| Name of Debtor<br><b>USA COMMERCIAL MORTGAGE CO</b>   |  | Case Number<br><b>JOINT CASE # BK-5-06-10725 LBR</b>  |  |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |  |   |  |
| Name of Creditor (The person or other entity to whom the debtor owes money or property):<br><b>WILLIAM and CAROLYN BOLDING</b>  |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court. |  |
| Name and address where notices should be sent:<br><b>3961 ARIZONA AVE.<br/>LAS VEGAS, NV</b>  |  |   |  |
| Telephone number: <b>702-453-3780</b>   |  |   |  |
| Last four digits of account or other number by which creditor identifies debtor:  |  | Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____   |  |
| <b>1. Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input checked="" type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <b>TRUST DEED (HFA Clear Lake)</b><br><input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS #: _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date)  |  |   |  |
| <b>2. Date debt was incurred:</b><br><b>01/03/05</b>  |  | <b>3. If court judgment, date obtained:</b>   |  |
| <b>4. Classification of Claim.</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.<br><b>Unsecured Nonpriority Claim \$</b> _____<br><input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.<br><b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).<br><input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).<br><b>Secured Claim</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral: \$ _____<br>Amount of arrearage and other charges at time case filed included in secured claim, if any: <b>\$50,466.67</b><br><input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(7).<br><input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(____).<br>*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. |  |   |  |
| <b>5. Total Amount of Claim at Time Case Filed:</b>   |  | \$ <u>150,466.67</u> (unsecured) <u>150,466.67</u> (secured) <u>150,466.67</u> (priority) <u>150,466.67</u> (Total)<br><input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.  |  |
| <b>6. Credits:</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |  | THIS SPACE IS FOR COURT USE ONLY  |  |
| <b>7. Supporting Documents:</b> Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  |   |  |
| <b>8. Date-Stamped Copy:</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |  |   |  |
| Date<br><b>11/6/06</b>  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):<br><b>WILLIAM BOLDING CAROLYN BOLDING</b><br><b>William Bolding Carolyn Bolding</b> |   |  |



| UNITED STATES BANKRUPTCY COURT<br>DISTRICT OF NEVADA   |  | PROOF OF CLAIM   |  |
|--|--|--|--|
| Name of Debtor<br><b>USA COMMERCIAL MORTGAGE COMPANY<br/>HFA - CLEAR LAKE</b>  |  | Case Number<br><b>06-10725 (LBR)</b>   |  |
| NOTE See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.                                |  |
| Name of Creditor and Address<br><b>BROADWALK INVESTMENTS LIMITED PARTNERSHIP<br/>8635 WEST SAHARA AVENUE<br/>PMB 220<br/>LAS VEGAS, NEVADA 89117<br/>ATTENTION: JAMES R. BONFIGLIO</b>   |  | <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS A ONE OF THE DEBTORS</b><br><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.<br><br><b>THIS SPACE IS FOR COURT USE ONLY</b>   |  |
| Creditor Telephone Number <b>402 991-2677</b>  |  |  |  |
| Last four digits of account or other number by which creditor identifies debtor<br><b>ACCOUNT ID: 6637 CLIENT ID: 5926</b>   |  | Check here <input type="checkbox"/> replaces or amends a previously filed claim dated _____  |  |
| <b>1 BASIS FOR CLAIM</b><br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against serv (not for loan balances)<br><input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____<br>Last four digits of your SS #: _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date) |  |  |  |
| <b>2 DATE DEBT WAS INCURRED</b> <u>12/31/04</u>  |  | <b>3 IF COURT JUDGMENT, DATE OBTAINED</b> _____  |  |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br>See reverse side for important explanations.  |  |  |  |
| <b>UNSECURED NONPRIORITY CLAIM</b> \$ _____<br><input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim; or b) your claim exceeds the value of the property securing it; or c) none or only part of your claim is entitled to priority.   |  | <b>SECURED CLAIM</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other<br>Value of Collateral <b>\$16,050,000</b><br>Amount of arrearage and other charges <u>at time case filed</u> included in secured claim if any: \$ _____ |  |
| <b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:   |  | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)   |  |
| <input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)  |  | * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.   |  |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ _____ (unsecured) \$ <b>100,000.00</b> (secured) \$ _____ (priority) \$ _____ (Total)   |  |  |  |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |  |  |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |  |  |  |
| <b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  |  |  |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |  |  |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006, for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts, and governmental units).<br>BY MAIL TO:<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245 0911   |  | BY HAND OR OVERNIGHT DELIVERY TO:<br>BMC Group<br>Attn: USACM Claims Docketing Center<br>1330 East Franklin Avenue<br>El Segundo, CA 90245   |  |
| DATE <b>1/3/07</b>   |  | SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><b>James R. Bonfiglio, CP</b>  |  |
|  |  | THIS SPACE FOR COURT USE ONLY<br><br><b>FILED JAN 04 2007</b><br><br>USA CMC<br><br>1072501854  |  |

FORM B10 (Official Form 10) (10/05)

|   |  |  |                |
|---|--|--|----------------|
| UNITED STATES BANKRUPTCY COURT  |  | DISTRICT OF NEVADA   | PROOF OF CLAIM |
| Name of Debtor<br><b>USA Commercial Mortgage Company</b>  |  | Case Number<br><b>06-10725</b>   |                |
| NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |  |  |                |
| Name of Creditor (The person or other entity to whom the debtor owes money or property)<br><b>RICHARD F CASEY III IRA #086082</b>   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.<br><br><input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.            |                |
| Name and address where notices should be sent<br><b>RICHARD F CASEY III IRA #086082<br/>PO BOX 1578<br/>LOS GATOS CA 95031 1578</b>   |  | THIS SPACE IS FOR COURT USE ONLY   |                |
| Telephone number  |  |  |                |
| Last four digits of account or other number by which creditor identifies debtor   |  | Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim dated _____  |                |
| <b>1 Basis for Claim</b><br><input type="checkbox"/> Goods sold<br><input type="checkbox"/> Services performed<br><input type="checkbox"/> Money loaned<br><input type="checkbox"/> Personal injury/wrongful death<br><input type="checkbox"/> Taxes<br><input checked="" type="checkbox"/> Other <u>Loan Service</u>   |  | <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a)<br><input type="checkbox"/> Wages, salaries, and compensation (fill out below)<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ (date) to _____ (date)  |                |
| <b>2 Date debt was incurred</b>   |  | <b>3 If court judgment, date obtained</b>  |                |
| <b>4 Classification of Claim</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations. <b>CONTINGENT</b><br>Unsecured Nonpriority Claim \$ <u>50,000</u><br><input checked="" type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.   |  |  |                |
| <b>Unsecured Priority Claim</b><br><input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000) * earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5) |  | <b>Secured Claim</b><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief Description of Collateral:<br><input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____ |                |
| <b>5 Total Amount of Claim at Time Case Filed</b><br>+ UNLIQUIDATED CLAIMS<br><input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  | \$ <u>50,000</u> (unsecured) (secured) (priority) (Total)<br><u>50,000</u>   |                |
| <b>6 Credits</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |  | THIS SPACE IS FOR COURT USE ONLY   |                |
| <b>7 Supporting Documents</b> Attach copies of supporting documents such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.   |  |  |                |
| <b>8 Date Stamped Copy</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |  |  |                |
| Date<br><b>Nov 7, 2006</b>  |  | Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br>By <u>Richard F Casey III</u><br>Its <u>Richard F Casey III</u>  |                |

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEVADA

## PROOF OF CLAIM

86082

Name of Debtor

USA Commercial Mortgage Company

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address



11321242034383

Sterling Trust Company, Custodian

FBO Richard Casey A/C 86082

P O Box 2526, Waco, TX 76702-2526

7901 Fish Pond Road, Waco, TX 76710

Tax ID 76-0115756 Phone (254) 751-1505 Ext 5396

E-Mail IRAServices@Matrixbancorp.com

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.☐ Check box if this address differs from the address on the envelope sent to you by the court.

IF YOU ARE ONLY OWED MONEY BY A BORROWER WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM. THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS.

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Check here if this claim

☐ replaces or amends

a previously filed claim dated \_\_\_\_\_

## 1 BASIS FOR CLAIM

☐ Goods sold☐ Personal injury/wrongful death☐ Services performed☐ Taxes☒ Money loaned☐ Other (describe briefly)☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Wages, salaries, and compensation (fill out below)

Last four digits of your SS #: \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

☐ Unremitted principal☐ Other claims against servicer (not for loan balances)

(date) (date)

## 2 DATE DEBT WAS INCURRED 3-3-2006

## 3 IF COURT JUDGMENT, DATE OBTAINED

## 4 CLASSIFICATION OF CLAIM

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations

## UNSECURED NONPRIORITY CLAIM \$

☐ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.

## UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)☐ Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)

## SECURED CLAIM

☒ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

☒ Real Estate ☐ Motor Vehicle ☐ Other

Value of Collateral \$ 50,000.00

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ \_\_\_\_\_

☐ Up to \$2,225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)☐ Other. Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

## 5 TOTAL AMOUNT OF CLAIM \$

AT TIME CASE FILED

\$ 50,000.00 \$ 50,000.00 \$ 50,000.00

(unsecured)

(secured)

(priority)

(Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

## 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

## 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO  
BMC Group  
Attn: USACM Claims Docketing Center  
P O Box 911  
El Segundo, CA 90245-0911BY HAND OR OVERNIGHT DELIVERY TO  
BMC Group  
Attn: USACM Claims Docketing Center  
1330 East Franklin Avenue  
El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED NOV 15 2006

USA CMC



1072501473

DATE

SIGN and print the name and title of any of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).



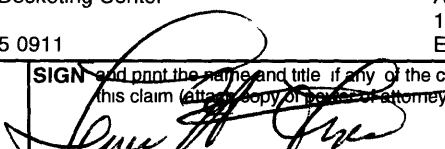
STERLING TRUST COMPANY CUSTODIAN

FBO Richard Casey # 8009

FBO

AUTHORIZED SIGNATURE



|   |  |   |  |   |  |
|---|--|---|--|---|--|
| UNITED STATES BANKRUPTCY COURT<br>DISTRICT OF NEVADA  |  | PROOF OF CLAIM  |  | <br><b>YOUR CLAIM IS SCHEDULED AS</b><br>Schedule/Claim ID <del>XXXX</del> <b>Acct # 1234</b><br>Amount/Classification <b>HFA - Clear Lake</b><br><del>\$1,161,071.11</del> <b>Priority Secured</b><br><b>\$80,000 + interest from 3/1 To present</b>   |  |
| Name of Debtor<br><b>USA Commercial Mortgage Company</b>  |  | Case Number<br><b>06-10725-LBR</b>  |  |   |  |
| NOTE See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.  |  |   |  | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.   |  |
| Name of Creditor and Address<br> 11321240002195<br><b>LEWIS H FINE &amp; ARLENE J FINE</b><br><b>PO BOX 487</b><br><b>OAKLEY UT 84055 0487</b>   |  |   |  | The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein and have no other claim against the Debtor, you do not need to file this proof of claim EXCEPT as stated below.<br><br><b>If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filed.</b><br><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again. |  |
| Creditor Telephone Number ( )   |  |   |  | THIS SPACE IS FOR COURT USE ONLY  |  |
| Last four digits of account or other number by which creditor identifies debtor<br><b>954</b>   |  |   |  | Check here <input type="checkbox"/> replaces a previously filed claim dated _____<br>if this claim <input type="checkbox"/> or amends   |  |
| <b>1 BASIS FOR CLAIM</b><br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries, and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances)<br><input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly)      Last four digits of your SS # _____      Unpaid compensation for services performed from _____ to _____ (date) (date) |  |   |  |   |  |
| <b>2 DATE DEBT WAS INCURRED</b>   |  |   | <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>  |   |  |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.<br>See reverse side for important explanations.   |  |   |  |   |  |
| <b>UNSECURED NONPRIORITY CLAIM \$</b><br><input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority.  |  |   | <b>SECURED CLAIM</b><br><input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input checked="" type="checkbox"/> Other <b>Interest owed</b><br>Value of Collateral \$ _____<br>Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____  |   |  |
| <b>UNSECURED PRIORITY CLAIM</b><br><input checked="" type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority.<br>Amount entitled to priority <b>\$80,000 -</b><br>Specify the priority of the claim: _____<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)                           |  |   | <input type="checkbox"/> Up to \$2,225 of deposits toward purchase, lease, or rental of property or services for personal, family, or household use 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units 11 U.S.C. § 507(a)(8)<br><input checked="" type="checkbox"/> Other Specify applicable paragraph of 11 U.S.C. § 507(a) ( <b>1/2 m</b> )<br>Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter <b>Total Retirement</b><br>with respect to cases commenced on or after the date of adjustment |   |  |
| <b>5 TOTAL AMOUNT OF CLAIM \$</b> _____ <b>\$80,000 -</b> <b>\$</b> _____ <b>\$</b> _____<br>AT TIME CASE FILED (unsecured) (secured) <b>+ interest from 3/1/06 to date at 12%</b>  |  |   |  |   |  |
| <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |  |   |  |   |  |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.   |  |   |  |   |  |
| <b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.  |  |   |  |   |  |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.  |  |   |  |   |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).<br><b>BY MAIL TO</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245 0911  |  |   |  | <b>THIS SPACE FOR COURT USE ONLY</b><br><br><div style="text-align: center; font-size: 2em; font-weight: bold;">FILED DEC 04 2006</div>   |  |
| DATE<br><b>12/1/06</b>  |  | SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any).<br> <b>Arlene J Fine</b> |  |   |  |



**PROOF OF CLAIM**

Name of Debtor

USA COMMERCIAL MORTGAGE COMPANY

Case Number

06-10725-LBR

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

## Name of Creditor and Address

11321241000889  
 GEORGE S COHAN & NATALIE H COHAN FAMILY  
 TRUST DATED 4/1/03  
 C/O GEORGE S COHAN TRUSTEE  
 2048 FOXFIRE CT  
 HENDERSON NV 89012-2190

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

**DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS**

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

**THIS SPACE IS FOR COURT USE ONLY**

Creditor Telephone Number (110) 702-260-4244

Last four digits of account or other number by which creditor identifies debtor

3283

Check here ☐ replaces a previously filed claim dated \_\_\_\_\_  
 if this claim ☐ or amends

## 1 BASIS FOR CLAIM

☐ Goods sold☐ Personal injury/wrongful death☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)☐ Unremitted principal☐ Services performed☐ Taxes☐ Wages, salaries, and compensation (fill out below)☐ Other claims against servicer (not for loan balances)☒ Money loaned☐ Other (describe briefly)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

(date)

(date)

2 DATE DEBT WAS INCURRED 01/19/2005

3 IF COURT JUDGMENT, DATE OBTAINED

4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed

See reverse side for important explanations

## UNSECURED NONPRIORITY CLAIM \$

☐ Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.

## UNSECURED PRIORITY CLAIM

☐ Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)

☐ Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)

## SECURED CLAIM

☒ Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

☒ Real Estate ☐ Motor Vehicle ☐ Other \_\_\_\_\_

Value of Collateral \$ 22,000,000

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ \_\_\_\_\_

☐ Up to \$225\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7)

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)

☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

5 TOTAL AMOUNT OF CLAIM \$ \_\_\_\_\_ \$ 209,000 \$ \_\_\_\_\_ \$ \_\_\_\_\_  
 AT TIME CASE FILED (unsecured) (secured) (priority) (Total)

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO  
 BMC Group  
 Attn: USACM Claims Docketing Center  
 P.O. Box 911  
 El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO  
 BMC Group  
 Attn: USACM Claims Docketing Center  
 1330 East Franklin Avenue  
 El Segundo, CA 90245

**THIS SPACE FOR COURT USE ONLY**

FILED OCT 10 2006

DATE

10/03/2006


SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

George S Cohan GEORGE S COHAN

USA CMC



1072500530

|  |   |   |  |
|--|---|---|--|
| UNITED STATES BANKRUPTCY COURT<br>DISTRICT OF NEVADA   |   | <b>PROOF OF CLAIM</b>   |  |
| Name of Debtor<br><i>USA FIRST TRUST</i>   |   | Case Number<br><i>0610728</i>   |  |
| NOTE See Reverse for List of Debtors and Case Numbers<br>This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.   |   | <input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.<br><br><input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.<br><br><input type="checkbox"/> Check box if this address differs from the address on the envelope sent to you by the court.                           |  |
| Name of Creditor and Address<br> 11321241002354<br>EDWIN C HANSEN & RACHEL M HANSEN<br>2549 SHETTLER RD<br>MUSKEGON MI 49444-4356   |   | <b>DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS</b><br><br>If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again.<br><br><b>THIS SPACE IS FOR COURT USE ONLY</b>   |  |
| Creditor Telephone Number <i>(23) 973-2702</i><br>Last four digits of account or other number by which creditor identifies debtor  |   |   |  |
| Check here if this claim <input type="checkbox"/> replaces or <input type="checkbox"/> amends a previously filed claim dated _____.  |   |   |  |
| <b>1 BASIS FOR CLAIM</b><br><input type="checkbox"/> Goods sold <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Unremitted principal<br><input type="checkbox"/> Services performed <input type="checkbox"/> Taxes <input type="checkbox"/> Wages, salaries and compensation (fill out below) <input type="checkbox"/> Other claims against servicer (not for loan balances)<br><input checked="" type="checkbox"/> Money loaned <input type="checkbox"/> Other (describe briefly) _____<br>Last four digits of your SS # _____<br>Unpaid compensation for services performed from _____ to _____ (date) (date) |   |   |  |
| <b>2 DATE DEBT WAS INCURRED</b> <i>Jan 6 - 2005</i>  |   | <b>3 IF COURT JUDGMENT, DATE OBTAINED</b>   |  |
| <b>4 CLASSIFICATION OF CLAIM</b> Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.   |   |   |  |
| <b>UNSECURED NONPRIORITY CLAIM</b> \$ _____<br><input type="checkbox"/> Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.  |   | <b>SECURED CLAIM</b><br><input checked="" type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff).<br>Brief description of collateral:<br><input checked="" type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____<br>Value of Collateral \$ _____<br>Amount of arrearage and other charges <u>at time case filed</u> included in secured claim, if any \$ _____ |  |
| <b>UNSECURED PRIORITY CLAIM</b><br><input type="checkbox"/> Check this box if you have an unsecured claim all or part of which is entitled to priority.<br>Amount entitled to priority \$ _____<br>Specify the priority of the claim:<br><input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)<br><input type="checkbox"/> Wages, salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier. 11 U.S.C. § 507(a)(4)<br><input type="checkbox"/> Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5)  |   | <input type="checkbox"/> Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use. 11 U.S.C. § 507(a)(7)<br><input type="checkbox"/> Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8)<br><input type="checkbox"/> Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (_____)   |  |
| * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.   |   |   |  |
| <b>5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED</b> \$ _____ \$ <i>130,000</i> + <i>1st Trust</i> \$ _____<br>(unsecured) (secured) (priority) (Total)   |   |   |  |
| <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.   |   |   |  |
| <b>6 CREDITS</b> The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.  |   |   |  |
| <b>7 SUPPORTING DOCUMENTS</b> <u>Attach copies of supporting documents</u> , such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien. <b>DO NOT SEND ORIGINAL DOCUMENTS.</b> If the documents are not available, explain. If the documents are voluminous, attach a summary.   |   |   |  |
| <b>8 DATE-STAMPED COPY</b> To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.   |   |   |  |
| The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).<br><b>BY MAIL TO:</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>P.O. Box 911<br>El Segundo, CA 90245-0911  |   | <b>THIS SPACE FOR COURT USE ONLY</b><br><br><b>FILED OCT 23 2006</b><br><br><b>BY HAND OR OVERNIGHT DELIVERY TO:</b><br>BMC Group<br>Attn: USACM Claims Docketing Center<br>1330 East Franklin Avenue<br>El Segundo, CA 90245   |  |
| <b>DATE</b><br><i>10/14/2006</i>   | <b>SIGN</b> and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).<br><i>Edwin C Hansen, Rachel M Hansen</i> |   |  |

## PROOF OF CLAIM

Name of Debtor

Case Number

USA Commercial Mortgage Co

RK-S-0610725LBR

HFA Clean Lake

NOTE See Reverse for List of Debtors and Case Numbers

This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.

Name of Creditor and Address

11321241002367  
 KURT HARMS & SANDRA HARMS  
 5513 INDIAN HILLS AVE  
 LAS VEGAS NV 89130-2073

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

☐ Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.

☐ Check box if this address differs from the address on the envelope sent to you by the court.

DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS

If you have already filed a proof of claim with the Bankruptcy Court or BMC, you do not need to file again.

THIS SPACE IS FOR COURT USE ONLY

Creditor Telephone Number (702) 645-3868

Last four digits of account or other number by which creditor identifies debtor

436

☐ Check here if this claim replaces or amends a previously filed claim dated \_\_\_\_\_.

## 1 BASIS FOR CLAIM

- ☐ Goods sold  
☐ Services performed  
☐ Money loaned  
☐ Personal injury/wrongful death  
☐ Taxes  
☒ Other (describe briefly)

1ST TRUST DEED

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)

☐ Wages, salaries, and compensation (fill out below)

Last four digits of your SS # \_\_\_\_\_

Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_

☐ Unremitted principal

☐ Other claims against servicer (not for loan balances)

## 2 DATE DEBT WAS INCURRED

1-19-2005

## 3 IF COURT JUDGMENT, DATE OBTAINED

## 4 CLASSIFICATION OF CLAIM

Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed.

See reverse side for important explanations

## UNSECURED NONPRIORITY CLAIM \$

- ☐
- Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or c) none or only part of your claim is entitled to priority.

## UNSECURED PRIORITY CLAIM

- ☐
- Check this box if you have an unsecured claim, all or part of which is entitled to priority.

Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim

- ☐ Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)  
☐ Wages, salaries, or commissions (up to \$10,000)\* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U.S.C. § 507(a)(4)  
☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)

## SECURED CLAIM

- ☐
- Check this box if your claim is secured by collateral (including a right of setoff).

Brief description of collateral

☒ Real Estate ☐ Motor Vehicle ☐ Other \_\_\_\_\_

Value of Collateral \$ 50,000.00

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ 6,766.70 INTEREST

- ☐
- Up to \$2,225\* of deposits toward purchase, lease or rental of property or services for personal family or household use 11 U.S.C. § 507(a)(7)

- ☐
- Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8)

- ☐
- Other - Specify applicable paragraph of 11 U.S.C. § 507(a) (\_\_\_\_)

\* Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

## 5 TOTAL AMOUNT OF CLAIM AT TIME CASE FILED

\$ 6,766.70 (unsecured) \$ 50,000.00 (secured) \$ (priority) \$ 56,766.50 (Total)

- ☒
- Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

## 6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

## 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

## 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units).

BY MAIL TO  
 BMC Group  
 Attn: USACM Claims Docketing Center  
 P.O. Box 911  
 El Segundo, CA 90245-0911

BY HAND OR OVERNIGHT DELIVERY TO  
 BMC Group  
 Attn: USACM Claims Docketing Center  
 1330 East Franklin Avenue  
 El Segundo, CA 90245

THIS SPACE FOR COURT USE ONLY

FILED OCT 02 2006

DATE

9-28-06

SIGN and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any).

Kurt Harms Sandra Harms  
 KURT HARMS SANDRA HARMS

USA CMC



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